ATTACHMENT 1 - MORTGAGOR CERTIFICATION and REQUEST DETAIL

Mortgagor Certification and Request Detail (Attachment 1) Section 232

U.S. Department of Housing and Urban Development Office of Healthcare Programs

OMB Approval No. 9999-9999 (exp. mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. No confidentiality is assured.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

| Project Name: | | | As Of: | | | |
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| | | | ched is a comple itional supporting ws: | eimbursement / advance of \$eted form HUD-9250. If requesting g documentation listed will be proving the provincement reserve accounts—one for Real pro | advance, included ded upon request. | is a copy of signed A breakdown of th |
| ame of upplier | Description of Item or Work | | | Check No. | Amount of Purchase | Realty or Non Realty * |
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| OTAL | acement reserve accounts – one for Rea | | | | \$ | |
| uest; I have insp is good or better airs have been vices, as applica ates, and commi | pected/will inspect the work and he condition; No mechanic's or mate or will be completed in accordanable, have been obtained at the massions have been credited to the prepaid (from non-project funds) to the project funds (from non-project funds) to the project funds (from non-project | _, certify that: Fur nave determined/v rial man's liens hance with all applicationst reasonable coroperty. Any; any e | nds expended have vill determine that ve been or will be able building codes sets and on terms expenditures that and an expenditures that an expenditure that expenditures that e | e been or wi the damaged a attached to a and ordinan most advanta | ill be used for the area(s) or equipnethe property as a ces; All contract ageous to the pro | nent have been r result of the repa materials, suppli- perty. All dis |

Previous versions obsolete

identity of interest transactions must be specifically identified in the project's annual financial statements.)

examined by me, and to the best of my knowledge and belief are true, correct, and complete.

All goods and services purchased from individuals or companies with which the Owner, Operator or Management Agent has an identity-of-interest were or will be purchased at costs not in excess of those that would have been incurred in making arms-length purchases on the open market. (All

Under the penalties and provision of Title 18, United States Code, Chapter 47, Section 1001, the statements contained in this request have been

| Signatur | e (Mortgagor / Agent) | | Date: | | | |
|------------|---------------------------------------|----------------------------------|------------------------|--|--|--|
| Name & | Title (Authorized Agent of Mortgagor) | | | | | |
| | UPDATED CONTACT INFORMATION: | | | | | |
| | Name of Owner/Mortgagor | Name of Operator/Lessee (if any) | Name of Agent (If any) | | | |
| Address: | | | | | | |
| | | Tel No | Tel. No | | | |
| Fax. No. | | Fax No | Fax No | | | |
| English to | | F9. | Emplished | | | |